

**SSI Milwaukee County Advisory Committee
Quality Assurance Workgroup
January 24, 2005 Meeting Summary
Co-Chairs: Dr. Bruce Christiansen, Dr. Sandra Mahkorn, and David Woldseth**

Organizations Represented:

APS Health Care

DHFS

iCare

Metastar

MHS

Wisconsin Coalition for Advocacy

Independence First

ANew

Consumer Satisfaction Team

United Health Care

Abri Health Plan

Representatives:

Bruce Christiansen

Ruthanne Landsness

Sandra Mahkorn

David Woldseth

Jim Hennen

Kathy Sansone

Joyce Binder

Jennifer Harrison

Jan Larson

Julie Litza

Tom Hlavacek

Shirin Cabraal

Karen Avery

Lee Schulz

Ginger Reimer

Ruth Ryshe

Janet Malmon

Bonnie Johnson

Jayne Wick

Paula Lucier

The Quality Assurance Workgroup met at the Radisson-Milwaukee West on North Mayfair Road. Sandy Mahkorn called the group together at 1:33 p.m. Since the workgroup completed its work on the contract, they will now address outcome measures and quality indicators as originally charged.

Dr. Mahkorn told the workgroup that the Federal government mandates that states have an external quality review organization. Wisconsin uses Metastar for its required performance improvement projects. A consumer survey will need to be selected or created in order to obtain data on consumer choices and service.

Dr. Mahkorn urged that the group adopt five broad goals in its efforts to choose quality indicators: health, access and comprehensiveness, continuity and coordination of care, consumer rights and input, and consumer satisfaction. The goals will require more fleshing out and will be addressed again at a future meeting. There was a feeling the current goals skewed toward being MCO-specific; the goals should also reflect consumer values and needs. Specifically, the five goals will require the following additions among others:

- *Health*—the wording could be broader and show more of a consumer perspective. Recovery principles and recovery-based outcomes could also be incorporated. Consumers should be satisfied with outcomes.
- *Access and Comprehensiveness*—no major changes, but more of a focus could be placed on the members.
- *Continuity and coordination of care*—this value should not be too broad in focus but could also reflect change in contract language.
- *Consumer rights and input*—the concept of choice should be stressed. Not only should the SSI program be sensitive, but it should be responsive as well.
- *Consumer satisfaction*—this should include outcomes and be made member-focused.

Sandy Mahkorn and Ruthanne Landsness of APS will work on amending these goals for the next meeting. The workgroup asked if these goals would be talked about or discussed at the public sessions coming up in the next several weeks. David Woldseth said he would bring this up for internal discussion at DHFS.

The workgroup discussed what the criteria should be for selecting the quality indicators. Dr. Mahkorn reviewed performance measures that are adopted or recommended by the American Medical Association, the Joint Commission on Accreditation of Health Care Organizations, and the National Committee for Quality Assurance. It is imperative that people know what the results mean and that key terms are defined and easily understood. Issues of reliability and validity also must come into play since one must make sure that the indicators measure what they claim to and need to measure. The workgroup generally agreed that the entire model should be recovery-based. Data will be gathered from a variety of sources.

The workgroup also decided it was critical to make sure the objectives and outcome measures, which follow from the goals, can be measured. Measures must be simple, readable, and on point to the goals. The measures should also readily respond to the interests of the various program stakeholders from consumers to legislators. Some measures will be monitored annually; others will be monitored more frequently. With each measure, it is important to ask how the information will be used, with whom it will be shared, and how it will be distributed. One of the purposes of the workgroup will be to review the data and to revise the measures as needed.

The workgroup will need to work with the external advocate. Ideally, the process should be interactive with the advocate. This process will evolve as the initiative advances, and more details become available.

Some discussion ensued in regard to what data is currently being collected. By looking at iCare data, the workgroup can identify the gaps. It may also be a good idea to compare and contrast this population with the general population.

A number of topics need to be addressed at the next meeting or at future meetings:

- Population analysis

- Clarification of goals
- List of preventable hospitalizations
- An overview of the QI program
- External advocate interaction with QA workgroup
- More details on the MEDDIC/SSI system
- Grievance analysis

Respectfully submitted,

David A. Woldseth
Co-Chair